

Prescribing Tip For Information

[Primary Care Diabetes Society - Recommended Strategy for Supply Shortage of GLP-1 RAs Ozempic® and Trulicity®](#)

There is currently a global shortage of two key injectable GLP-1 receptor agonists (GLP1 RAs) which is resulting in shortages of these products in the UK. **Manufacturers are currently unable to produce enough Ozempic® (s/c semaglutide) and Trulicity® (s/c dulaglutide) injections to meet demand.**

Prescribers are advised that this is an evolving situation but at the time of writing manufacturers have stated that:

- Ozempic® 1mg solution for injection is **out of stock** until week commencing 17 October 2022. **Thereafter supply will only be available for existing patients until January 2023.** Ozempic® 0.5mg solution for injection remains available but can only support a **partial uplift** in demand.
- Trulicity® supplies of 0.75mg, 1.5mg, 3mg and 4.5 mg solution for injection devices are **limited to January 2023.** **Supply will only be available for existing patients.**

The Primary Care Diabetes Society (PCDS) proposes a [strategy](#) to ensure that where supply is limited, people with diabetes can be safely switched to alternative agents within the GLP-1 RA class

Recommendations for prescribers - No new patients should be initiated on Ozempic® or Trulicity® injections

For patients currently prescribed Ozempic®

Step 1 – perform a search to find all patient prescribed Ozempic® to notify them of shortages. An example patient letter can be found [here](#)

Step 2 – patients whose prescription cannot be filled should be directed to clinicians with a knowledge of prescribing alternatives.

Step 3 – where there is no supply of Ozempic® 1mg and, to avoid exacerbating the problem, **prescribers are advised not to prescribe 2 x 0.5mg pens.** Instead patients can be switched to one of the three options in [Table 1](#), following discussions with the patients and considering their needs and preferences.

For patients currently prescribed Trulicity®

At the time of writing Eli Lilly & Co have indicated they will maintain sufficient supply of Trulicity® for existing patients. People with diabetes who are already using Trulicity® can be titrated up to higher doses. If the situation changes and supply becomes a problem the PCDS advise following the above strategy and switching to one of the 3 options in [Table 1](#)

Advice for prescribers and patients switched to oral semaglutide (Rybelsus®)

- Rybelsus® tablets should be swallowed whole (not split, crushed, or chewed) with a sip of water (up to 120 mL) on an empty stomach upon waking. Patients should wait at least 30 minutes before eating or drinking or taking other oral medicines, as this affects absorption and may reduce the glucose-lowering effect.
- If a dose of Rybelsus® is missed, the missed dose should be skipped and the next dose should be taken the following day.
- No other medicines should be taken at the same time as Rybelsus®. Levothyroxine should also be taken on an empty stomach, preferably before breakfast or the first meal of the day. For patients prescribed both Rybelsus® and Levothyroxine it is suggested that Rybelsus® is taken as described above and the levothyroxine is taken before bed, provided this is several hours after a meal. Rybelsus® may increase the absorption of levothyroxine, and thyroid function should be periodically monitored and the thyroxine dose adjusted as required.

All strengths of Rybelsus® tablets cost the same. For patients who require 14mg daily, please dose-optimize and prescribe 1 x 14mg tablet rather than 2 x 7mg tablets (annual saving of £950).

To contact the Medicines Optimisation Team please phone 01772 214302

If you have any suggestions for future topics to cover in our prescribing tips please contact Nicola.schaffel@nhs.net